

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 871 Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* ~~or Female~~, { Cross out the word not }  
 { required in this line. }

Age, \_\_\_\_\_ Years, 14 Months, 5 Days.

Color, col.

~~Married, Single, Widow or Widower,~~ { Cross out the words not  
required in this line. }

Occupation,

*Birth Place,* { State or country, and how  
long in the United States,  
if of foreign birth. }

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } 742 Kaling str.

*Cause of Death,* { First (Primary),  
Second (Immedi

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Levee Cemetery

Date of Burial July 3 1887

( Undertaker, William Dunge

Place of Business, 150 East

*B. S. Titcomb, M. D.*  
Medical Attendant.

Address, 836 W. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 872 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, July 28/88

Full Name of Deceased, Gertrude Miller { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, Eight Years, Seven Months, White Days

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Life

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1519 S. Charles St. { Give Street and Number. }

Cause of Death, Hydrocephaloid { First (Primary), }  
Cerebrum, Cerebellum { Second (Immediate), }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 28, 1888

Undertaker, Bernard Harle

Place of Business, 115 West St.

Address, 108 N. Conway St.

Medical Attendant, W. Launcey Barclay M. D.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

873

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH.

Date of Death,

July 2nd 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles A. Vining

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male (Ving)

Age,

1 Years,

6 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give Street and Number. }

104 N. Gay St.

Cause of Death,

{ First (Primary), }

Acute Enteritis

{ Second (Immediate), }

Cholera

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial,

Prohman's Cem.

Date of Burial,

July 4th 1887

Undertaker,

A. Pinkerton

Place of Business,

No. 915 Gay St.

Prohman M. D.

Medical Attendant.

104 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 874 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 2<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Belle Carnes

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age,        Years,        Months, 24 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,       

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 907 N. Wolfe st.

Cause of Death, { First (Primary), Second (Immediate), } Quintan  
Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Old Methodist

Date of Burial, July 3<sup>rd</sup> 1887

{ Undertaker, A. Pinkston Medical Attendant, Chas. B. Leigh M. D.

{ Place of Business, 915 N. Gay St Address, 920 W. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 875 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, July 2, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David A. Brian

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 Years, 8 Months,  Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1314 Orleans St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum  
Exhaustion

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished to the Physician.

Place of Burial, Asberry Cemetery

Date of Burial, July 3<sup>rd</sup> 1887

Undertaker, William Dungee M. D.

Medical Attendant.

Place of Business, 150 East St Address, 728 N. B. Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 876 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, July 2<sup>d</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Rose

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 623 Sharp St

Cause of Death, { First (Primary), Second (Immediate), } Cholera infantum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Rest Point Cemetery

Date of Burial, July 4

Undertaker, Jacob Hriengala M. D. L. J. Wilson Medical Attendant.

Place of Business, 626 W. Baltimore Address, 400 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



Health Department, City of Baltimore.

Permit No. 877

Office of Registrar of Vital Statistics.

Ward 17

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CERTIFICATE OF DEATH.

Date of Death, July 3<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Henry Scheel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Physician

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give Street and Number. } 1705 Hanover

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, July 4<sup>th</sup> 1887

Undertaker, Ernst Schloeman M. D.

Place of Business, 1039 Hanover Address, 1074 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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# Health Department, City of Baltimore.

Permit No. A. 878 Office of Registrar of Vital Statistics. Ward 10

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 2d. 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John A. Miller.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,        Years, 3 Months, 8 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,       

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give Street and Number. } No. 1 George St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum.  
Exhaustion.

Duration of Last Sickness, 3 weeks - better and worse.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 4th 1887

{ Undertaker, A. Pinkerton Medical Attendant, R. H. Goldsmith M. D.

{ Place of Business, 916 N. Gay Address, Halemar, Calverton St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



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# Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business, Address,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

# Health Department, City of Baltimore.

Permit No. A-888

Office of Registrar of Vital Statistics.

Ward 6

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death July 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna S. Petzold

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months,    Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 1639 Orleans St

Cause of Death, { First (Primary), Apoplectic condition of the brain  
Second (Immediate), Paralysis }

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 4th 1887

{ Undertaker, John Herwig } Hulton N. Taylor M. D.  
Medical Attendant.

{ Place of Business, 2008 Orleans Address, 600 N. Broadway }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]